

Instructions to intern supervisor: To be administered at start of internship and completed by intern on the first day of internship if possible. The library should submit this signed form within the first 30 days of the internship to: JoAnn McManus; Nebraska Library Commission; 1200 N Street, Ste. 120; Lincoln, NE 68508-2023. Provide a copy of the signed form to the intern or their parent/guardian. The library may also want to keep a copy for their records. After this form is signed and returned to the library, please provide a link to the baseline survey to the intern to complete on or near the first day of their internship.

**Nebraska Library Commission
2016 Nebraska Library Internship Grant Program
“Intern Surveys Participation Consent Form”**

By signing below you acknowledge that you have read and understand that:

- You (the intern) has volunteered to be a part of baseline and follow-up surveys as part of the Nebraska Library Commission’s Nebraska Library Internship Grant program.
- You (the intern) may choose to stop the surveys at any time, you may also choose to skip any questions in the survey.
- The intern’s refusal to participate will not lead to any negative consequences.
- If the intern is under age 18, a parent or guardian has been asked to sign this form.
- The intern may complete the online survey either at the library or at home.
- The follow-up survey will be available for the intern to complete at the end of the internship.

If you agree, all of the individual survey responses will be confidential and only seen by a staff person with the Nebraska Library Commission and not the participating libraries. When the compiled findings from the survey are shared, individual responses will not be identified by intern or library name. Intern survey responses will be very helpful for the Nebraska Library Commission’s Internship team as we work to improve the program and report our progress. We wish to thank you in advance for your help.

Intern Name (print) _____

Library Name _____

Signed _____
(Intern that is **18 years of age or older**)

Date _____

OR

Signed _____
(Parent/guardian of Intern **under 18 years of age**)

Date _____

(Print name of Parent/guardian as signed above)

Additional instructions to intern supervisor: If the intern (or the parents of an intern under the age of 18) elects to not participate in either the pre- or post-internship survey, please have the intern or their parent/guardian sign the “Refusal to Participate” form below. The library should submit this signed form within the first 30 days of the internship to: JoAnn McManus; Nebraska Library Commission; 1200 N Street, Ste. 120; Lincoln, NE 68508-2023. *Provide a copy of the signed form to the intern or their parent/guardian. The library may also want to keep a copy for their records.*

**Nebraska Library Commission
2016 Nebraska Library Internship Grant Program
“Refusal to Participate in the Intern Surveys Form”**

By signing below you acknowledge that you have read and understand that:

- You (the intern) had an opportunity to be a part of baseline and follow-up surveys as part of the Nebraska Library Commission’s Nebraska Library Internship Grant program.
- You (the intern) had an opportunity to choose to stop the surveys at any time, or could choose to skip any questions in the survey.
- The intern’s refusal to participate will not lead to any negative consequences.
- If the intern is under age 18, a parent or guardian has been asked to sign this form.
- The intern could have completed the online surveys either at the library or at home.

If you would have chosen to participate in the survey’s you understand that all of the individual survey responses will be confidential and only seen by a staff person with the Nebraska Library Commission and not the participating libraries. When the compiled findings from the survey are shared, individual responses will not be identified by intern or library name. Intern survey responses will be very helpful for the Nebraska Library Commission’s Internship team as we work to improve the program and report our progress. We wish to thank you in advance for your consideration. If the intern or their parent (if the intern is under age 18) would like to complete the surveys, please ask for the “Intern Survey Participation Consent Form.”

Intern Name (print) _____

Library Name _____

☐ The intern does not intend to participate in the Baseline or the Follow-up Intern Surveys

Signed _____
(Intern that is **18 years of age or older**)

Date _____

OR

Signed _____
(Parent/guardian of Intern **under 18 years of age**)

Date _____

(Print name of Parent/guardian as signed above)